

Case Number:	CM15-0005753		
Date Assigned:	02/24/2015	Date of Injury:	06/05/2013
Decision Date:	03/31/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Minnesota
 Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old male reported a work-related injury on 06/05/2013. According to the progress notes dated 9/6/13, the injured worker (IW) reports low back pain with sciatica down left leg. Diagnosis is sciatica. Previous treatments include medications, physical therapy and acupuncture. The treating provider requests chiropractic evaluation & treatment, lumbar spine, twice weekly for 6 weeks, dos 09/23/13-10/01/13, per 10/01/13 medical. The Utilization Review on 12/26/2014 non-certified the request for chiropractic evaluation & treatment, lumbar spine, twice weekly for 6 weeks, dos 09/23/13-10/01/13, per 10/01/13 medical, citing CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 Chiropractic Therapy, Lumbar Spine, Twice Weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 12 Chiropractic treatments or twice weekly over 6 weeks. This request is not according to the above guidelines and therefore is not medically necessary.

Chiropractic Evaluation, Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective improvement(a Chiropractic evaluation), total of up to 18 visits over 6-8 weeks.The doctor has requested a Chiropractic evaluation of the lumbar spine. A chiropractic evaluation is medically necessary and appropriate in order to find evidence of objective functional improvement as well as to determine if the patient is a candidate for chiropractic care. Therefore, the Chiropractic evaluation is medically necessary and appropriate.